

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD CARE AND DEVELOPMENT**

Re - announces this Application

For funding under the

Statewide Child Care Provider Association Grants Program

GRANT NUMBER GCCD-04-03

Deadline: 5 p.m. February 18, 2004

NOTICE TO APPLICANTS

This “Request For Applications” announcement supercedes the Statewide Child Care Provider Grants Program announcement issued on January 12, 2004 with a due date of February 11, 2004. This announcement makes eligible for funding statewide child care provider associations operating in Virginia as 501 organizations under the Internal Revenue Service Code as well as statewide child care provider associations established for profit. Please note that the due date to submit applications for funding under this announcement has been extended to 5 p.m. February 18, 2004.

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM

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STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM

I. INTRODUCTION

Purpose

Grants awarded competitively under the Statewide Child Care Provider Association Grants Program are intended to be used for statewide child care provider organizations or associations that plan, develop, conduct, facilitate, or deliver statewide summits, conferences, workshops and/or training events for Family Day Home or Child Day Center staff, or to those involved in providing child day care services to children ranging from ages birth through 12 years old.

No more than fifteen grants will be awarded to statewide associations for this purpose. Themes of summits, conferences, workshops and training events may address childhood or early childhood development, literacy, school-readiness, health, recreation, nutritional and safety issues identified within child care communities across the Commonwealth. Family Day Home and Child Day Center staff should be the audience targeted for events to be held.

Eligible Applicants

Statewide child care provider associations or organizations engaged in the business of training, advocating or promoting the development of Family Day and Child Day Center staff throughout the Commonwealth may apply. Associations or organizations that serve providers of Family Day and Child Day Centers in local only or regional areas of the Commonwealth may not apply. Eligible statewide child care provider associations or organizations operating in Virginia must have already obtained a 501 designation under the Internal Revenue Service Code or must be already established/incorporated as a "for profit" association. Proof of IRS designation is required.

Funding Available and Grant Period

"A total of \$100,000 is available. The maximum grant award to each applicant may not exceed \$15,000. These are competitive grants and only the highest quality proposals will be awarded funding. A minimum of 10% cash or in-kind matching funds are required. The funding period for grants will be March 1, 2004 through February 28, 2005.

How to Apply

Applicants requesting funding must submit one original and five copies of the Statewide Child Care Provider Association Grants Program Grant Application. These must be received by the Virginia Department of Social Services (Department), Division of Child Care and Development, 7 North 8th Street, 6th Floor, Richmond, Virginia 23219 no later than 5:00 p.m. on Thursday, February 18, 2004. Applications submitted on-line or faxed and applications received after the deadline will **not** be considered.

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Additional Information

“Copies of this grant application, including the necessary grant application forms and instructions, may be downloaded from the DSS website. This may be accessed at www.dss.state.va.us. Grant award notices will also be published on this website.

If you have additional questions regarding the grant application, please contact:

Robert Pyndell, Child Care Consultant
Division of Child Care and Development
Department of Social Services
7 North 8th Street, 6th Floor
Richmond, Virginia 23219
Telephone Number (804) 726-7636
Email address: robert.pyndell@dss.virginia.gov

II. PROGRAM OVERVIEW AND REQUIREMENTS

Program Overview

The Statewide Child Care Providers Grant Program is an initiative developed by the Department to further evidence its commitment to improving the quality of child care services offered to Virginia’s children. In conjunction with the Governor’s “Education for a Lifetime Initiative,” and his emphasis on early childhood education, the Department ensures that expanded or additional training opportunities are available for child care providers through this program.

Program Requirements

- A. Sample training events are provided below as examples of the types of projects eligible for funding under this program:
- Promoting school-readiness among pre-school age children;
 - Improving socialization, literacy, study-habits and/or grades of school age children;
 - Increasing awareness relating to health and nutritional needs of growing children;
 - Implementing safety strategies to minimize accidents in child care settings;
 - Understanding state licensing requirements for children in child care settings;

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- Improving the delivery of child care services to infants, toddlers, and children with special needs;

Examples for which grant funds may be used:

- Expanding conference or training activities;
- Supporting specific portions of the conference or training event:
 - a. keynote speakers
 - b. space/conference site rental, rental of audio visual equipment
 - c. printing, advertising and promotion costs
 - d. stipends for presenters
- Offering scholarships to those who cannot afford registration fees;
- Consulting/outside professional services (e.g., conference planner);
- Purchasing of consumable supplies

B. Samples of desired outcomes from training events are provided below as examples of how participants can benefit from attending:

- Participants will gain an increased knowledge of best practices used by other providers in similar child care settings.
- Participants will be able to apply techniques learned to their respective child care programs.
- Participants will be able to implement effective strategies that will promote school-readiness for pre-school age children.
- Participants will gain an increased understanding of the benefits of licensing requirements and how to better ensure safety of children.
- Participants will increase communication with parents in all areas presented.

III. APPLICATION PREPARATION AND SUBMISSION INSTRUCTIONS

In order to be considered for funding, all applicants must submit one original and five bound copies of the following documents in the following order:

1. GRANT APPLICATION COVER SHEET (with signatures)
2. ASSURANCES FORM SF-424B (with signatures)
3. W-9 FORM
4. ACTIVITIES/OUTCOMES FORM
5. PROPOSED BUDGET – must include both
 - a. Itemized Budget form and
 - b. A clear explanation of expenses in narrative form. Failure to provide a budget narrative will result in rejection of the application.
6. A MINIMUM OF ONE CURRENT LETTER OF SUPPORT
7. OTHER REQUIRED ATTACHMENTS
 - a. 501 Certification or Other type of IRS designation

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- b. A copy of the organization's by-laws and/or mission statement may be included to ascertain the eligibility of the applicant.

Applications must be signed by an authorized representative of the applicant. All information requested should be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Applications which are substantially incomplete or lack key information may be rejected by the agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

1. GRANT APPLICATION FORM

A Grant Application Cover Sheet has been provided and shall be submitted as the cover page of the grant application. Applications which lack required signatures will not be considered.

2. REQUIREMENTS AND ASSURANCES

Federal Assurances Form SF-424B and Form W-9 must be completed. Proposals that lack signatures will not be considered.

3. General Grant Conditions and/or assurances have been provided. Proposals that lack signatures will not be considered.

4. OVERVIEW OF ACTIVITIES/OUTCOMES FORM

Describe specifically, the outcome(s) you hope to achieve by implementing the proposed project.

State the measurable goal(s)/objective(s) of the proposed initiative and the activities proposed to achieve the goals and objectives established.

ACTIVITIES/OUTCOMES NARRATIVE

A narrative that does not exceed 5 pages shall be submitted and must be organized in a manner that clearly addresses each of the following, in the order listed. Narratives that are concise and specific will be viewed most favorably.

- A. Project Description – provide a short summary of the proposed project.
- B. A brief summary of goal(s), objective(s), and key activities proposed.
- C. Indicate Number of clients/geographical area to be served by your program.

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- D. Describe possible barriers that must be overcome to achieve the objectives.

5. PROPOSED BUDGET

Complete the Itemized Budget Sheet. Attach to the Itemized Budget Sheet a budget narrative that includes a) description of each proposed expenditure and b) justifies the proposed expenditure by explaining the need for it. Dollar amounts for in-kind match must be thoroughly justified.

All expenses included in the application must be allowable under federal and state regulations, must be reasonable and necessary and apply directly to the project.

6. LETTERS OF SUPPORT

A minimum of one current letter of support from organizations directly involved in the proposed program or activity must be included.

IV. PROCESS OF REVIEW AND CRITERIA FOR AWARD

“Grant applications will be reviewed by a panel of individuals who have demonstrated expertise in Child Care and/or State Licensing Requirements and will make programmatic and budgetary recommendations for grant award.”

A. Specific Criteria To Be Used By Grant Reviewers:

1. Documentation of Need: 20 points
 - a. Evidence of need/risks.
 - b. Demonstration of need for this funding in light of other funding being received by the applicant.
2. Evidence of Capacity and Support 20 points
 - a. Evidence of effective coordination of related efforts in the community.
3. Quality of Project Design 40 points
 - a. Quality of proposed strategies
 - b. Clarity of design
 - c. Feasibility and economy
 - d. Reflects state-of-the-art practice
 - e. Utilizes evidence based practice
 - f. Demonstrates a plan to achieve and document outcomes

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4. Plan for Evaluation 20 points

- a. The evaluation plan measures project outputs (quantity) and outcomes (quality) of services.
- b. The evaluation plan utilizes researched-based instruments, when practicable.
- c. The evaluation of outcomes is based on the stated goals, objectives and activities.

B. Award to Grantees:

The Request for Applications process is a competitive process and awards are given based on a review of criteria defined within the RFA and negotiations of final terms. The Department reserves the right to award single or multiple awards. The Department may, with a written explanation, withdraw the RFA or reject applications at any time prior to the award.

V. REPORTING REQUIREMENTS

Quarterly reports detailing progress made as compared to the completed work plan submitted with this application, along with an invoice for allowable expenditures shall be submitted to the Department within 30 days after the end of each quarter. Barriers to meeting objectives outlined in the work plan shall be reported and solutions to such barriers shall be explored and included in the quarterly reports.

A final report describing the activities of the training event shall be submitted to the Department within 30 days following the conclusion of the event. The report shall include a section that will capture the following data:

- Number of participants attending the event;
- The percentage of participants who are employed by a child day care center;
- The percentage of participants who work in a Family Day home;
- The number and percentage of participants who evaluated the event as being satisfactory or above;
- The number and percentage of participants who evaluated the event as being less than satisfactory;
- The number and percentage of participants who achieved the projected outcomes described when the application for funding was submitted;

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- Barriers to achieving projected outcomes;
- Copies of each evaluation form completed by participants shall be made available to the Department upon request.

VI. APPLICATION AND FORMS

- A. GRANT APPLICATION COVER SHEET
- B. FEDERAL PROGRAM ASSURANCES
- C. GENERAL GRANT CONDITIONS
- D. OVERVIEW OF ACTIVITIES/OUTCOMES FORM
- E. ITEMIZED BUDGET
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GRANT APPLICATION COVER SHEET

Department of Social Services

7 North Eighth Street

Richmond, Virginia 23219

The grant application form may be downloaded from the following VDSS web site at **<http://www.dss.state.va.us>**

Grant Program – List the grant program you are applying for.

Applicant - Use this space to provide the name of your organization.

Applicant FIN – Use this space to provide the applicant localities federal Taxpayer Identification number.

Jurisdiction(s) Served - List all localities to be served; or indicate "statewide" if that is appropriate.

Program Title - List the specific title of the grant program category, if any, under which you are requesting funds; for example "Multidisciplinary Partnerships."

Grant Period - Provide the proposed grant period.

Type of Application – New, Continuation or revised application

Project Director, Project Administrator, and Finance Officer

Project Director - The person who will have day-to-day responsibility for managing the project.

Project Administrator - The person who has authority to formally commit the not-for-profit organization, locality or state agency to complying with all the terms of the grant application including the provision of the required cash match. This **must** be the chief executive officer of the applicant organization, the highest elected officer of the locality, or, in the case of a state agency, the agency head. If someone other than one of these officials has been delegated the authority to sign, and signs the grant application, provide a copy of the letter, memorandum or other document by which the signing authority was delegated.

Finance Officer - The person who will be responsible for fiscal management of funds.

It is extremely important that you provide fax as well as telephone numbers for each person. If possible, please provide an e-mail address also.

Project Budget Summary – Total figures from "Itemized Budget."

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GRANT APPLICATION COVER SHEET

DEPARTMENT OF SOCIAL SERVICES

Request for Application Number GCCD-04-03

Grant Program:			
Applicant:			
Address:			
Applicant Federal ID Number:			
Jurisdiction(s) Served:			
Program Title:			
Grant Period:			
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Grant Number: _____ <input type="checkbox"/> Revision of Grant Number: _____		
	Project Director	Project Administrator	Finance Officer
Name:			
Title:			
Address :			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator/Director:			
Project Budget Summary			
VDSS Funds	Match, if required	Grand Total	
\$	\$	\$	

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Authorized Certifying Officials of each provider association applying for funding must sign the following forms listed below to be considered for this grant.

“SF 424B – Assurances – Non-Construction Programs”

“W-9 Request For Taxpayer Identification Number(s) and Certificate”

“SF 424B – Assurances – Non-Construction Programs”

1. Hold the “CTRL” key down while clicking on the link below to access form SF424B – Assurances – Non-Construction Programs, **OR** simply click on the link below to access the form.

<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>

2. Once the form is accessed, click on “File,” then “Print.”
3. Read, sign and include form “SF424B – Assurances – Non-Construction Programs” in your completed application.

“W-9 Request For Taxpayer Identification Number(s) and Certificate”

1. Hold the “CTRL” key down while clicking on the link below to access “W-9 Request For Taxpayer Identification Number(s) and Certificate” **OR** simply click on the link below to access the form.

http://www.localagency.dss.state.va.us/divisions/finance/files/finance/forms/Forms/W9_Report_for_Taxpayer_ID_Numbers_and_Certificate.pdf

2. Once the form is accessed, click on “File,” then “Print.”
3. Read, sign and include form “W-9 – Request For Taxpayer Identification Number(s) and Certificate” in your completed application.

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GENERAL GRANT CONDITIONS AND ASSURANCES

The applicant, for federal funds administered by DSS, gives assurances and certifies with respect to the grant that it will comply with the following requirements:

1. The applicant will comply with all applicable provisions of the funding source and the Department of Social Services (DSS) Program Guidelines and Application Procedure Manual for Grants and the applicable Active Program Guide for Applicants.
2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Department of Social Services shall prescribe shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received under this grant.
3. **CHANGES TO THE AGREEMENT:** Changes can be made to the grant agreement. The parties may agree in writing to modify the scope of services. An increase or decrease in the price of the agreement resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the grant agreement.
4. **DEFAULT AND/OR CANCELLATION OF GRANT:** In the case of failure to deliver services in accordance with the terms and conditions, DSS, after due oral and written notice, may obtain them from other sources. The purchasing agency reserves the right to cancel and terminate any resulting grant, in part or in whole, without penalty, upon thirty (30) days written notice to the grantee. In the event the initial grant period is for more than 12 months, the resulting grant shall be terminated by either party, without penalty, after the initial 12 months of the grant period upon thirty (30) days written notice to the other party. Any grant cancellation notice shall not relieve the grantee of the obligation to deliver and/or perform all services agreed to prior to the effective date of cancellation.
5. **INSPECTION AND AUDIT:** The applicant agrees to retain all books, records, and other documents relative to this grant for five (5) years after final payment, or until audited by the Commonwealth of Virginia. The agency, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period. The applicant further agrees to comply with the organizational audit requirements of OMB Circular A-128, "Audits of State and Local Governments" or the Single Audit Act and OMB Circular A-133.

A Grantee who expends \$300,000 or more in combined federal funding is required at its expense to have an independent grant audit performed annually in accordance with the Single Audit Act and OMB Circular A-133. A copy of all audits must be forwarded to DSS within thirty days after receipt of

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the report by the institution or agency. The audit report shall be submitted no later than one (1) year from the end-date of the grant award as stated on the Statement of Grant Award/Acceptance, and for each audit cycle thereafter covering the entire award period as originally approved or amended. The management letter must be submitted with the audit report.

6. **ANTI-DISCRIMINATION:** The applicant certifies to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and Section 11-51 of the Virginia Public Procurement Act which provides:

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this grant, the applicant agrees as follows:
 - a. The applicant will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the applicant. The applicant agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. The applicant, in all solicitations or advertisements for employees placed by or on behalf of the applicant, will state that such contractor is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this Section.
2. The applicant will include the provision of 1 above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

The applicant assures that in the event a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to DSS.

7. **ETHICS IN PUBLIC GRANTS ADMINISTRATION:** By submitting their proposals, applicants certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or

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inducements from any other applicant in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

8. **IMMIGRATION REFORM AND CONTROL ACT OF 1986:** By submitting their proposals, the applicants certify that they do not and will not during the performance of this grant employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
9. **QUALIFICATIONS OF APPLICANTS:** DSS may make such reasonable investigations as deemed proper and necessary to determine the ability of the applicant to perform the work and the applicant shall furnish DSS all such information and data for this purpose as may be requested. DSS reserves the right to inspect applicant's capabilities. DSS further reserves the right to reject any application if the evidence submitted by, or investigations of, such applicant fails to satisfy DSS that such applicant is properly qualified to carry out the obligations of the sub grant and to complete the work contemplated therein.
10. **NONDISCRIMINATION OF APPLICANTS:** An applicant shall not be discriminated against in the solicitation or award of this grant because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this grant is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided to this grant objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
11. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that DSS shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
12. **RENEWAL OF GRANT:** This grant may not be renewed.
13. **APPLICANT PERFORMANCE:** The purchasing agency reserves the right to send one of its representatives to the event at no cost to the Commonwealth. The purchasing agency may monitor and evaluate the applicant's performance under the grant through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the applicant's services or

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operations, audit reports, and other mechanisms deemed appropriate by the purchasing agency. Performance under this grant shall be a primary consideration for extension of this grant and may be a consideration in future grant awards and negotiations.

14. **FISCAL ADMINISTRATION**: These funds are not intended to supplant existing resources or to duplicate existing funds. It is expected that this source of revenue will encourage and stimulate contributions from other public and private sources.

- A statement of grant award/acceptance will be signed between the Virginia Department of Social Services and the local administrator of the applying agency upon granting of an award. Upon approval of the grant award, the grantee will be reimbursed for expenses on a **quarterly** basis according to the terms of the grant award. Therefore, the applicant agency must be prepared to pay expenses as they are incurred and then submit expenditure statements/request for funds on a **quarterly** basis to the Department of Social Services for reimbursement. The sub-grantee should allow 30 days from the time expenditure statements/request for funds are received by the Department until reimbursement is received. If errors are found in the expenditure statements, the 30 days will be from the date errors are corrected.
- The applicant will be required to maintain adequate accounting records to support all requests for reimbursement. These records shall be available for review by the State.

15. **COMPENSATION**: to the grantee for delivered services shall be as follows:

- The grantee shall be paid on a cost reimbursable basis.
- Actual expenditures shall be invoiced pursuant to approved line item budget categories.
- No amendments to the approved budget may be made without the prior written approval of the Department of Social Services. *(Optional according to Program: No more than **two** budget amendments will be permitted during the grant period.* Budget amendments must be requested using the Budget Amendment Request form accompanied by a narrative.
- The invoice period shall be **quarterly**. The grantee shall invoice the purchasing agency each **quarterly** on forms supplied by the purchasing agency and shall submit an expenditure statement/request for funds and financial report showing no services delivered if that is the case in any invoice period. The purchasing agency shall not be obligated to pay for services when the grantee fails to submit **quarterly** expenditure

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statements/request for funds and a financial report for such services within thirty (30) calendar days after the close of the **quarter** in which services were delivered. Expenditure statements/request for funds which are valid and correct shall be processed and paid no later than thirty (30) calendar days after receipt of the expenditure statement/request for funds.

- If the grantee fails to correctly provide any services and/or reports as specified in the terms and conditions of the grant, and in the time period specified, the purchasing agency may withhold payment of expenditure statements/request for funds until said services and/or reports are provided. All services provided by the grantee pursuant to this grant shall be performed to the satisfaction of the purchasing agency, and in accord with applicable federal, State and local laws, ordinances, rules and regulations. The grantee shall not receive payment for work found by the purchasing agency to be unsatisfactory, or performed in violation of federal, State or local laws, ordinances, rule or regulations.
 - The grantee shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the State. Expenditures will be monitored by the Department of Social Services.
16. **DRUG-FREE WORKPLACE:** During the performance of this grant, the applicant agrees to (i) provide a drug-free workplace for the applicant's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the applicant that the applicant maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every sub-grant or purchase order of over \$10,000, so that the provisions will be binding upon each sub-applicant or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific grant awarded to an applicant in accordance with this certification, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the grant.

17. **SMOKE FREE ENVIRONMENT:** By submitting their proposals, applicants certify to the Commonwealth that they will comply with the requirements of Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), which requires that smoking not be

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permitted in any portion of any indoor facility owned or leased or granted for by an entity and used routinely or regularly for the provisions of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

CERTIFICATION

I certify that all the information presented is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with the General Grant Conditions and Assurances and all other federal and state laws and rules and regulations that apply to this award.

Authorized Official

Date

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INSTRUCTIONS FOR COMPLETING ACTIVITIES/OUTCOMES FORM

Performance Measurement is a system for measuring the ***results*** of public programs.

Why Performance Measurement?

No longer are legislators and funders satisfied with allocating dollars and getting back reports of numbers served and program activities. Performance measurement enables legislators, funding sources, and communities to know what impact the dollars have had i.e. ***what effect or change has resulted from dollars invested and how a person's life or community has been changed.***

Performance measurement starts with "the end in mind" e.g. what do you want to occur as a result of your service?

Performance measurement consists of:

High level outcomes: Desired results in social health or well-being. High level outcomes reflect the longer-term, global effects the program is intended to achieve. e.g. To reduce child abuse and neglect.

Activities: List the key activities/initiatives proposed to achieve the goal(s) and objective(s) of the grant program.

Staff Responsible: Indicate the staff or organizations responsible for carrying out each activity/initiative.

Output: An output is a process measure which describes the conditions under which measurements will be made. This may refer to the timeframe and/or implementation of an activity/initiative, frequency, number of participants, etc. Process measures are *activity focused and contribute to interim outcomes. They do not reflect qualitative outcomes.* E.g. the number of parents participating in parent education classes or the number of community presentations.

Outcomes: Interim improvements in participant's or community progress towards a high level outcome. Interim outcomes reflect a more immediate or direct effects a program is intended to achieve. Outcomes typically address changes in participant performance/behavior that occur as a result of specific activities. They may include, but are not limited to a change or benefit in behavior, knowledge, skills, attitude, values, or condition.

Outcome Measures: Documents the condition of clients after a service has been provided e.g. increased skills, modified behavior, improved condition. Outcome measures address *qualitative outcomes.*

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Outcome measures can include research based instruments with demonstrated reliability and validity, statistics, interviews, observations, rating scales, surveys, focus groups, records, goal attainment, etc.

Performance measurement enables program directors and communities to measure program effectiveness and *demonstrate both quantitative and qualitative* results that contribute to a higher level social outcome.

Example:

Strategy	Agency “x” will provide parenting classes for parents known to CPS
↓	
Staff Responsible	John Doe
↓	
Output	6 weeks, 2 hour sessions for 10-12 participants, during the period of 6/01/03 – 7/15/03
↓	
Interim Outcome	Parents will use redirection, positive reinforcement & praise to promote desired behavior
↓	
Outcome Measure	80% of parents completing course will use redirection, praise and positive reinforcement as measured by “x” instrument.

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OVERVIEW OF ACTIVITIES/OUTCOMES

FROM ____ / ____ / ____ TO ____ / ____ / ____ GRANTEE NAME _____ GRANT #GCCD-04-03

HIGH LEVEL OUTCOME:

ACTIVITIES <i>What the service/initiative does.</i>	STAFF RESPONSIBLE	OUTPUT <i>What program produces. Service frequency, participant numbers, begin/end dates.</i>	INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY <i>Qualitative results from activity. What difference will the service make?</i>	EVALUATION * <i>Qualitative & Quantitative Outcome Measures</i>

* Outcome measures can include surveys, interviews, rating scales, records, case plan goal attainment, observations, statistics, etc.

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BUDGET SUMMARY - DSS FUNDS AND MATCH FUNDS

GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL DSS REQUEST	TOTAL MATCH AMOUNT
SALARIES			
EMP. BENEFITS			
POSTAGE			
RENT & UTILITIES			
EQUIPMENT			
PRINTING			
CONSUMABLE SUPPLIES			
TRAVEL			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
OTHER (Specify)			
TOTAL REQUESTED FROM DSS			

* Awarded funds cannot be used to supplant existing funds.

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

SALARIES	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED FROM DSS
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM DSS	-----	-----	-----	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM DSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM DSS	-----	-----	-----	

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM
ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED DSS FUNDS
<i>POSTAGE TOTAL</i>		
Administrative		
Program		
<i>RENT AND UTILITIES TOTAL</i>		
Rent		
Utilities		
Telephone		
<i>EQUIPMENT TOTAL</i>		
Equipment Purchase		
Equipment Rental		
<i>PRINTING TOTAL</i>		
Administrative		
Program		
<i>CONSUMABLE SUPPLIES TOTAL</i>		
Office		
Program		

(continued on Page 2)

ATTACHMENT E

Itemized Budget: Other Proposed Expenses, Page 2

GRANT PERIOD: FROM / / TO / / GRANTEE NAME:

TOTAL AMOUNT REQUESTED FROM DSS: \$

ATTACHMENT E

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM
ITEMIZED BUDGET - MATCH DOCUMENTATION

GRANT PERIOD: FROM ___/___/___ to ___/___/___ GRANTEE NAME: _____

BUDGET CATEGORY	BRIEF DESCRIPTION	SOURCE	CASH	IN-KIND VALUE	TOTAL MATCH
Salaries					
Employee Benefits					
Postage					
Rent and Utilities					
Equipment					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Total Amounts Supplied by Match					

Progress Report

Grantee:		Grant Number: GCCD-04-03		
Project Title:		Date of Report:		
Grant Period:	To:	Final Report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Project Completed:		Report Period Ending: 9/30 <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input type="checkbox"/>		
Program Administrator:		Project Director:		

VDSS Use Only		
TA Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date:
Recommendation:		
Action Taken:		

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM

QUARTERLY STATUS REPORT

Quarter: 1st ____ 2nd ____ 3rd ____ 4th ____

GRANTEE NAME: _____

GRANT #: _____

INTERIM OUTCOMES (as stated on Approved Workplan):

Strategies/ Activities this quarter	Achievements this quarter	Outputs/ Numbers Served	Problems/Changes
1)			
2)			
3)			
4)			

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM
QUARTERLY STATUS REPORT Quarter: 1st ___ 2nd ___ 3rd ___ 4th ___

GRANTEE NAME: _____

GRANT# _____

Activities this quarter	Outputs	Outcomes	Accomplishments
1)			
2)			
3)			
4)			
5)			

Issues & Comments:

STATEWIDE CHILD CARE PROVIDER ASSOCIATION GRANTS PROGRAM
QUARTERLY FINANCIAL STATUS REPORT

NAME OF GRANTEE: _____

Quarter: 1st ____ 2nd ____ 3rd ____ 4th ____

Budget Category	a. Total Approved Budget	b. Expenditures Previously Reported	c. Expenditures This Quarter	d. Unliquidated Obligations	e. Total Expenditures Year To Date
Salaries & Wages					
Benefits					
Postage					
Rent and Utilities					
Lease/Purchase Equipment					
Printing					
Consumable Supplies					
Travel					
Other (Specify)					
Other (Specify)					

